

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5	/					
6		/				
7		/				
8		/				
9		/				
10	/					
11		/				
12		/				
13		/				
14	/					
15		/				
16		/				
17		/				
18	/					
19		/				
20		/				
21	/					
22	/					
23		/				
24	/					
25		/				
26		/				
27	/					
28		/				
29	/					
30		/				
31		/				
32		/				
33		/				
34		/				
35		/				
36	/					
37		/				
38		/				
39		/				
40	/					
41		/				
42		/				
43	/					
44		/				
45	/					
46		/				
47		/				
48	/					
49		/				
50		/				
TOTAL IND.	15	↓		↓		↓
TOTAL DEP.	37	↓		↓		↓
TOTAL CLAIMS	52					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS